24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC		
	C C00507517	
Check If X 24-hour report 48-hour report Amends report filed on		
Full Name (Last, First, Middle Initial) of Payee		
Alliance Graphics	Date	
Mailing Address 1101 8th Street, Suite 100	10 18 2012 Amount	
City State Zip Code		
Berkeley CA 94710	3101.12	
	Transaction ID : SE.10554	
Printing Oalegol y/	ffice Sought: House State: FL	
Type	Senate District: 18	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
ALLEN B MR. WEST	heck One: Support Oppose	
Calendar Year-To-Date Per Election	isbursement For: Primary General	
for Office Sought	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Alliance Graphics	M M / D D / Y Y Y Y	
Mailing Address 1101 8th Street, Suite 100	10 18 2012	
Maining Address 1101 8th Street, Suite 100	Amount	
City State Zip Code		
Berkeley CA 94710	3485.79	
Purpose of Expenditure Category/	Transaction ID : SE.10555 Iffice Sought: House State: FL	
Purpose of Expenditure Category/ Type	Senate Service	
	President District: 18	
Name of Federal Candidate Supported or Opposed by Expenditure:	heck One: Support Oppose	
ALLEN B MR. WEST	Support Sppose	
	isbursement For: Primary General 12 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	6586.91	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOBTOTAL OF Officernized independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y	
Signature	2012	

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check If X 24-hour report 48-hour report New report Amends report filed on	
Full Name (Last, First, Middle Initial) of Payee Staples	Date
Mailing Address 500 Staples Drive	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
City State Zip Code Framingham MA 01702	42.40 Transaction ID : SE.10552
Purpose of Expenditure Printing Category/ Type	Office Sought: House State: FL Senate District: 18
Name of Federal Candidate Supported or Opposed by Expenditure:	President
ALLEN B MR. WEST	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 26991.60	Disbursement For: Primary General 2012 Other (specify)
Full Name (Last, First, Middle Initial) of Payee Staples	Date
Mailing Address 500 Staples Drive	10
The state of the s	Amount
City State Zip Code Framingham MA 01702	125.08 Transaction ID : SE.10553
Purpose of Expenditure Printing Category/ Type	Office Sought: House State: FL Senate District: 18
Name of Federal Candidate Supported or Opposed by Expenditure:	President
ALLEN B MR. WEST	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	167.48
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	6754.39
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed] Date	10 19 2012
Signature	